		•
COMBINED DECLARATION F APPLICATION WITH POWER	OR UTILITY OR DESIGN PATENT	ATTORNEY'S DOCKET PU4687USw
MILLICATION WITH TOWER	OF ATTORNET	First Names Inventor: BROWN et al
() Declaration submitted with initial filing or	e en	Complete if known: App No.:
() Declaration submitted after initial filing (surcharge	required 37CFR1.16(c))	Filing Date
		Group Art Unit:
As below named inventor. I her	eby declare that:	·
My residence, post office address and cit	zenship are as stated below next to my name.	
entitled:	nventor (if only one name is listed below) or an original, in the state of the stat	first and joint inventor ought on the invention
the specification of which (check only on		
[] is attached hereto. OR [1] [X] was filed on July 21, 2003 as Unite	d States application Serial No or PCT Inte	
applicable)	derstand the contents of the above-identified specification	(if
I acknowledge the duty to disclose inform	ation which is material to patentability as defined in 37 C	FR §1.56.
inventor's certificate or 365(a) of any PCT internat States of America, listed below and have also ident certificate or of any PCT international application is	S.C. §119 (a)-(d) or §365(b) of any foreign applications (a ional application which designated at least one country of ified below, by checking the box, any foreign application having a filing date before that of the application on which	for patent or inventor's
PRIOR FOREIGN AND ANY PRIORITY CLA	IMS UNDER 35 U.S.C. 119;	•
Number (s)	Country Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
1.		
2. 3. 4. 5.		·
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4.	·	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
A network of the sense of the state of the s	ates Code §119(e) of any United States provisional applic	ation(s) listed below:
Application No. 1.60/397,988	Filing Date (MM/DD/YYYY)	·
1.00/397,988	07/23/2002	

Five Moore Drive, PO Box 13398

ATTORNEY BOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to parentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	re i membuonsi ili.	ing date of this application:				
PRIOR	U.S. PARENT A	APPLICATION or PCT PARE	NT APPLICATION			
					STATUS (Check	one)
U.S. 1	Parent Application or I Number	PCT Parent Parent 1 (MM/D	Filing Date DD/YYYY)	PATENTED	PENDING	ABANDONED
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prosecute	e this application an	: As a named inventor, I hereby app ad to transact all business in the Pate ad Customer Number 20462	point the practitioners as: ant and Trademark Office	sociated with the connected there	with	
		ce and telephone calls to Custon	ner Number 23347)	Direct Telephone Ca	alls to:
	•	347				ny H. Fix -483-8911
are belie	eved to be true; an re punishable by fi	tatements made herein of my own and further that these statements we inc or imprisonment, or both, und ation or any patent issuing thereon	vere made with the kno der 18 U.S.C. 1001, an	owiedze tost wii	liful false statemen	nts may jeopardize
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	}	SECOND GIVEN NAME	Dinitial
2	OF INVENTOR	BROWN	Matthew		Lee	
5 1	INVENTOR'S	Suparer Matte J. Br			Date 09/11/200	3_
0	SIGNATURE RESIDENCE &	CITY (STATE OR FUREIGN	Y COUNTRY	COUNTRY OF CITIZE	Mahd
<u> </u>	CITIZENSHIP	Indianapolis	IN IN		STATE 4 ZIP CODE/C	OUNTRY
1	POST OFFICE ADDRESS	FOST OFFICE ADDRESS 634 East 10th Street, Apt. 1	CITY Indianapolis		IN 46202 US	
1	FULL NAME	PAMILY NAME	PERST CIVEN NAME	t	SECOND GIVEN NAM	E /RITIAL
2	OF INVENTOR	CHEUNG	Mui			
	INVENTOR'S	Signature			Dates	
^	SIGNATURE DESIDENCE &	CITY	STATE OR POREIG	N COUNTRY	COUNTRY OF CITIZE	NSHIP
0	RESIDENCE & CITIZENSHIP	Durham	NC_US	·	CN	
Į	POST OFFICE	POST OFFICE ADDRESS	CITY	and Part	North Carolin	
2	ADDRESS	GlaxoSmithKline	Research Tri	Music Lark	MOUTH CAPOLIN	= = 1 1 U Z j U D
	******	Five Moore Drive, PO Box 1	9TRST GIVEN NAM	E	SECOND CIVEN NAM	W/NITIAL
2	FULL NAME OF INVENTOR	DICKERSON	Scott		Howard	
•	INVENTOR'S	Signature			Date:	<u> </u>
ļ	SIGNATURE			N WINTER	COUNTRY OF CITIZE	INSHIP
0	RESIDENCE &	CITY	STATE OF POREIG	M COUNTRY	US COUNTRY OF CITIZE	
1	CITIZENSHIP POST OFFICE	Durham POST OFFICE ADDRESS	CITY		STATE & ZIP CODE	
3	ADDRESS	GlaxoSmithKline	Research Tri	iangle Park	North Carolin	12 27709, US

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME Dulce	SECOND GIVEN NAME/INITIAL Maria
2	OF INVENTOR	GARRIDO	Duice	Dates
1	INVENTOR'S	Signature		
١.	SIGNATURE	CITY	STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	Durham	NC US	US
ł	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 "	ADDRESS	Five Moore Drive, PO Box 13398		
<u> </u>	FULL NAME	PAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC US	US
ľ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIF CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAMWINITIAL
2	OF INVENTOR	MIYAZAKI	Xasushi	
~	INVENTOR'S	Signature		Date: 9/26/2003
ф.	SIGNATURE	1400		
	RESIDENCE &	any	SINTE OR POREICH COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Tsukuba-shi	Iharaki JP JPX	JP
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIF CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	RECOND CIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James Date:
į .	INVENTOR'S	Signature		Date
1	SIGNATURE		STATE OF FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	CTY Durham	NC US	us
ŀ	CITIZENSHIP	POST OFFICE ADDRESS	CTTY	STATE & ZIP CODE/COUNTRY
7	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1 ′	ADDRESS	Five Moore Drive, PO Box 13398		
<u> </u>		FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	FULL NAME OF INVENTOR	PECKHAM	Jennifer	P
, <u> </u>	INVENTOR'S	Signature	Junior	Date:
}	SIGNATURE			
0	RESIDENCE &	CTTY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ľ	CITIZENSHIP	Durham	NC US	US
I	POST OFFICE	POST OFFICE ADDRESS	СТТҮ	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	İ	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SMALLEY	Terrence	L
1	INVENTOR'S	Signalture		Date
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
I	CITIZENSHIP	Durham	NC_US	US
l	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, 05
3	1	Five Moore Drive, PO Box 13398	1	1

			SAMILY NAME	FIRST GIVEN NAME	RECOND GIVEN NAME/INITIAL
Į.		FULL NAME		Stephen	Andrew
i	2	OF INVENTOR	THOMSON	Diepiten	Date:
ı		INVENTOR'S	Signature		
ì		SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	1	RESIDENCE &	CITY	NC US	us
		CITIZENSHIP	Durham	CITY	STATE & ZIP CODE/COLNTRY
		POST OFFICE	POST OFFICE ADDRESS	Research Triangle Park	North Carolina 27709, US
1	0	ADDRESS	GlaxoSmithKline	Kesegi chi Ti inne Pio a ser at	
- 1			Five Moore Drive, PO Box 13398		SECOND CIVEN NAME/INITIAL
ì		FULL NAME	PAMILY NAME	FIRST GIVEN NAME	Marvin
	2	OF INVENTOR	VEAL	James	
)	INVENTOR'S	Signature	2	Dete: 9-26-2003
11-4		SIGNATURE		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	1	RESIDENCE &	CTTY		US
3	-	CITIZENSHIP	Apex	NC US NC	STATE A ZIP CODE/COUNTRY
		POST OFFICE	POST OFFICE ADDRESS	спу	North Carolina 27502, US
1	1	ADDRESS	8916 Weaver Crossing Road	Apex	SECOND GIVEN NAME/INITIAL
1	<u>-</u>	FULL NAME	FAMILY NAME	first given name	
	2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	~	INVENTOR'S	Signature		Date:
	,	SIGNATURE			COUNTRY OF CITIZENSHIP
	3	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	US
	•	CITIZENSHIP	Durham	NC US	STATE & ZIF CODE/COUNTRY
		POST OFFICE	POST OFFICE ADDRESS	CITY	North Carolina 27709, US
	2	ADDRESS	GlaxoSmithKline	Research Triangle Park	Morrin Catornia 2/103, CO
	•		Five Moore Drive, PO Box 13398		

COMBINED DECLAR				ATTORNEY'S DOCKET PU4687USw
APPLICATION WITH	POWER (OF ATTORNEY		First Names Inventor: BROWN et al
				Complete if known:
				App No.:
() Declaration submitted with initial f	filing or			
() Declaration submitted after initial	filing (surcharge re	equired 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named	inventor. I here	by declare that:		
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.	
			e is listed below) or an original, fi imed and for which a patent is so	
	PYRAZOI	LOPYRIMIDINES AS	KINASE INHIBITORS	
the specification of which	(check only one	item below):		
[]is attached hereto. OR [X] was filed on July 21	2003 as United	l States application Seria	al No or PCT Inte	ernational
[A] was mod on dary 21	<u>, 2005</u> us Cline	s otates application bene	01 TOT III	J. Matronal
Application Number PC applicable)	<u> </u>	iled and was amended or	n (MM/DD/YYYY)	(if
I hereby state that I have a as amended by any amended			he above-identified specification	ı, including the claims,
I acknowledge the duty to	disclose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority ben inventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation of the PRIOR FOREIGN AND ANY P	ny PCT internati d have also identi onal application h	onal application which d ified below, by checking naving a filing date befor	lesignated at least one country of the box, any foreign application that of the application on which	her than the United for patent or inventor's
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)	`		(MM/DD/YYYY))	CLAIMED
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4.				
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I hereby claim the benefit under Ti	tle 35, United St			cation(s) listed below:
Application No. 1.60/397,988			7/23/2002	
1.00/37/5700		ı U	// <i>43/ 4</i> 004	,

Express Mail Label EV332065482US

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	OF PCT PADENT APPLICAT	TON		<u></u>
TRIOR U.S. TARENT ATTECATION	OI TETTARENT ATTEICAT		STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inverprosecute this application and to transact all bus	siness in the Patent and Trademark			provided below to
Customer Number 23347 and Customer Number Address all correspondence and telephone		347	Direct Telephone Ca	alls to:
23347			· ·	y H. Fix 483-8911
I hereby declare that all statements made he are believed to be true; and further that thes				

are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

0	RESIDENCE & CITIZENSHIP	Indianapolis	IN	US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS 634 East 10 th Street, Apt. 1	city Indianapolis	STATE & ZIP CODE/COUNTRY IN 46202 US
2	FULL NAME OF INVENTOR	FAMILY NAME CHEUNG	FIRST GIVEN NAME Mui	SECOND GIVEN NAME/INITIAL
18)	INVENTOR'S SIGNATURE	Signature LL.		Date: 9/4/03
0	RESIDENCE & CITIZENSHIP	стту <u>Durham</u>	NC US NC	COUNTRY OF CITIZENSHIP CN
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DICKERSON	FIRST GIVEN NAME Scott	SECOND GIVEN NAME/INITIAL Howard
0	INVENTOR'S SIGNATURE RESIDENCE &	Signature	STATE OR FOREIGN COUNTRY	Date: COUNTRY OF CITIZENSHIP
	CITIZENSHIP POST OFFICE	Durham POST OFFICE ADDRESS	NC US	US STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	<u>Dulce</u>	Maria_
	INVENTOR'S	Signature M. Mar	. > 0	Date: Sept 4, 2003
	SIGNATURE		u.p.s	100951
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	<u>Durham</u>	NC US NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MIYAZAKI	Yasushi	
-	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
v	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
•		Five Moore Drive, PO Box 13398	['
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
-	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PECKHAM	Jennifer	l P
_	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	1	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	OF INVENTOR	SMALLEY	Terrence	l L
2		Signature	L	Date:
2				
2	INVENTOR'S			
	INVENTOR'S SIGNATURE	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	INVENTOR'S SIGNATURE RESIDENCE &	СПУ		COUNTRY OF CITIZENSHIP
	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP		STATE OR FOREIGN COUNTRY NC US CITY	
	INVENTOR'S SIGNATURE RESIDENCE &	спу Durham	NC US	US

FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FULL NAME **THOMSON** Stephen 2 OF INVENTOR Andrew INVENTOR'S Signature Date: **SIGNATURE** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 1 **RESIDENCE &** CITIZENSHIP Durham NC US POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY GlaxoSmithKline Research Triangle Park North Carolina 27709, US 0 ADDRESS Five Moore Drive, PO Box 13398 FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **VEAL** Marvin 2 OF INVENTOR **James INVENTOR'S** Signature Date: SIGNATURE RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITY 1 NC US Apex CITIZENSHIP POST OFFICE ADDRESS CITY STATE & ZIP CODE/COUNTRY POST OFFICE 8916 Weaver Crossing Road **ADDRESS** North Carolina 27502, US Apex **FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL 2 OF INVENTOR WILSON Jayme Lyn, Roark Signature **INVENTOR'S** Date: **SIGNATURE** CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 1 RESIDENCE & CITIZENSHIP Durham NC US POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY POST OFFICE GlaxoSmithKline 2 Research Triangle Park North Carolina 27709, US **ADDRESS** Five Moore Drive, PO Box 13398

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COMBINED DECLAR APPLICATION WITH				ATTORNEY'S DOCKET PU4687USw
APPLICATION WITH	POWER	OF ATTORNET		First Names Inventor: BROWN et al
() Declaration submitted with initial f	iling or			Complete if known: App No.:
() Declaration submitted with initial i	ining or			
() Declaration submitted after initial	filing (surcharge r	required 37CFR1.16(e))		Filing Date
				Group Art Unit:
As below named	inventor. I here	by declare that:		
My residence, post office	address and citiz	zenship are as stated belo	ow next to my name.	
			e is listed below) or an original, find in the second and for which a patent is so	
	PYRAZO	LOPYRIMIDINES AS	KINASE INHIBITORS	
the specification of which	(check only one	e item below):		
[]is attached hereto. OR [X] was filed on <u>July 21</u>	, 2003 as Unite	d States application Seria	al No. or PCT Into	ernational
Application Number PC applicable)			-	(if
I hereby state that I have to as amended by any amended			the above-identified specification	n, including the claims,
I acknowledge the duty to	disclose inform	ation which is material to	o patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority bendinventor's certificate or 365(a) of a States of America, listed below and certificate or of any PCT internation	ny PCT internati I have also ident mal application I	ional application which of ified below, by checking having a filing date before	designated at least one country of the box, any foreign application to that of the application on which	her than the United for patent or inventor's
PRIOR FOREIGN AND ANY P				
Prior Foreign Application Number (s)	(Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY
1.	<u></u>		(IMIM/DD/1111))	CLAIMED
2.			<u> </u>	
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4.				
5.				
I hereby claim the benefit under Ti	tle 35, United St			cation(s) listed below:
Application No.			(MM/DD/YYYY)	· ·
1.60/397,988] 0'	7/23/2002	

Express Mail Label EV332065482US

ATTORNEY'S DOCKET NUMBER
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I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	PCT international fil	ing date of this application:					
PRIOR	U.S. PARENT	APPLICATION or PO	CT PARENT A	PPLICATION			
						STATUS (Check	one)
U.S.	Parent Application or Number	PCT Parent	Parent Filing I (MM/DD/YY)		PATENTED	PENDING	ABANDONED
POWER	OF ATTORNEY	: As a named inventor, I	hereby appoint th	ne practitioners ass	sociated with the	Customer Numbers	provided below to
prosecut	e this application an	d to transact all business d Customer Number 204	in the Patent and	Trademark Office	connected there	with	
Address	all.corresponden	ce and telephone calls	to Customer N	umber <u>23347</u>		Direct Telephone Ca	ills to:
	233						y H. Fix 483-8911
are belie	eved to be true; ar e punishable by fi	tatements made herein and further that these state and or imprisonment, or tion or any patent issui	tements were m both, under 18	ade with the kno	wledge that wil	lful false statemen ful false statement	ts and the like so s may jeopardize
2	FULL NAME OF INVENTOR	FAMILY NAME BROWN		FIRST GIVEN NAME Matthew		SECOND GIVEN NAME Lee	INITIAL
	INVENTOR'S SIGNATURE	Signature				Date:	
0	RESIDENCE & CITIZENSHIP	cıty Indianapolis		STATE OR FOREIGN IN	COUNTRY	COUNTRY OF CITIZEN US	SHIP

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE_			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10 th Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature	-	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
kv)	SIGNATURE	Scott Howard Di	rkenom	9/4/03
\mathcal{V}_{0}	RESIDENCE &	СГТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CATIZENSHIP
1	CITIZENSHIP	<u>Durham</u>	NC US NC	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		

_		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	GARRIDO	Dulce	Maria
	۷	INVENTOR'S	Signature	Buice	Date:
		SIGNATURE	1		
	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	٠	CITIZENSHIP	Durham	NC US	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	•	11001000	Five Moore Drive, PO Box 13398		
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	MILLS	Wendy	Yoon
	2	INVENTOR'S	Signature		Date:
		SIGNATURE	Wendy y- mill	·	9/12/03
40)	RESIDENCE &	crry +	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
٦	' '	CITIZENSHIP	Durham U	NC US NO	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	•	71DDRESS	Five Moore Drive, PO Box 13398		110101111111111111111111111111111111111
 		ELILI MANAE	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	FULL NAME OF INVENTOR	MIYAZAKI	Yasushi	SECOND ON EN NAMEDINITIAL
	2	INVENTOR'S	Signature	1 asusm	Date:
		SIGNATURE	Signature		Date.
- 1	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	١ ١	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JP
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
- 1	Ť	1.22.23	Five Moore Drive, PO Box 13398		7,000
-		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	PEAT	Andrew	James
-	-	INVENTOR'S	Signature	7 KHUI CW	Date:
		SIGNATURE			
ı	0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Ĭ	CITIZENSHIP	Durham	NC US	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	·		Five Moore Drive, PO Box 13398		,
-		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
1	2	OF INVENTOR	PECKHAM	Jennifer	P
	-	INVENTOR'S	Signature		Date:
		SIGNATURE			
-	0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
- [CITIZENSHIP	Durham	NC US	US
-		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
- 1	8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		· ·
1		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
-			SMALLEY	Terrence	L
-	2	OF INVENTOR			Date:
	2	OF INVENTOR INVENTOR'S	Signature		Date:
	2	INVENTOR'S	Signature		
	2		Signature CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		INVENTOR'S SIGNATURE	CITY Durham	STATE OR FOREIGN COUNTRY NC US	
		INVENTOR'S SIGNATURE RESIDENCE &	СІТУ		COUNTRY OF CITIZENSHIP
		INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	CITY Durham	NC US	COUNTRY OF CITIZENSHIP US



	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
_	INVENTOR'S	Signature		Date:
	SIGNATURE			
1 1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
_	INVENTOR'S	Signature		Date:
	SIGNATURE			
l ı	RESIDENCE &	СГТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Apex	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27502, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
1	INVENTOR'S	Signature		Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

6 1 3			۷	
COMBINED DECLAR	RAT FOR UTILITY OF	R DESIGN PACENT	ATTORNEY'S DOCKET	
	▼		PU4687USw	
APPLICATION WITH	I POWER OF ATTORNEY		First Names Inventor: BROWN et al	
	™ - 4		Complete if known:	
			App No.:	
() Declaration submitted with initial	filing or			
() Declaration submitted after initial	filing (surcharge required 37CFR1.16(e))		Filing Date	
			Group Art Unit:	
As below named	d inventor. I hereby declare that:		L	
My residence, post office	e address and citizenship are as stated belo	ow next to my name.		
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
	PYRAZOLOPYRIMIDINES AS	KIŅASE INHIBITORS		
the specification of which	h (check only one item below):			
[]is attached hereto. OR				
[X] was filed on <u>July 2</u>	1, 2003 as United States application Seria	al No or PCT Inte	rnational	
Application Number PC applicable)	T/US03/22716 filed and was amended o	n (MM/DD/YYYY)	(if	
	reviewed and understand the contents of dment specifically referred to above.	the above-identified specification	, including the claims,	
I acknowledge the duty to	o disclose information which is material to	patentability as defined in 37 Cl	FR §1.56.	
inventor's certificate or 365(a) of States of America, listed below an	nefits under 35 U.S.C. §119 (a)-(d) or §36 any PCT international application which old have also identified below, by checking onal application having a filing date before	lesignated at least one country of the box, any foreign application	her than the United for patent or inventor's	
	PRIORITY CLAIMS UNDER 35 U.S.C			
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY	
Number (s)		(MM/DD/YYYY))	CLAIMED	
1.				
2.				
3.				

4. 5. I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below: Application No. Filing Date (MM/DD/YYYY) 1.60/397,988 07/23/2002 2. 3.

PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION 0	r PCT PARENT APPLICAT	ION	*	
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named invent				provided below to
prosecute this application and to transact all busi Customer Number 23347 and Customer Number		Office connected therev	vith	
Address all correspondence and telephone calls to Customer Number 23347			Direct Telephone Ca	ills to:
23347				y H. Fix 483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature	<u> </u>	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10th Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	CN
1	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	1	Five Moore Drive, PO Box 13398	i	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	Maria
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
ŀ	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	· ·
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon
_	INVENTOR'S	Signature		Date:
·	SIGNATURE	•		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	СІТУ	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
'	ADDRESS	Five Moore Drive, PO Box 13398	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1101 th Carollia 27/03, 05
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MIYAZAKI	Yasushi	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0 `	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	Į.	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	0			
	INVENTOR'S	Signature		Date:
		Signature		Date:
0	INVENTOR'S	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	INVENTOR'S SIGNATURE	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
0	INVENTOR'S SIGNATURE RESIDENCE &	CITY Durham POST OFFICE ADDRESS	NC US	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
0 7	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	CITY Durham	NC US	COUNTRY OF CITIZENSHIP US
	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline	NC US	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	CITY Durham POST OFFICE ADDRESS	NC US	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
7	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	NC US CITY Research Triangle Park FIRST GIVEN NAME	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM	NC US CITY Research Triangle Park FIRST GIVEN NAME Jennifer	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Poole Pale Date:
7	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM	NC US CITY Research Triangle Park FIRST GIVEN NAME Jennifer	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Poole Pale Date:
7 2	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM	NC US CITY Research Triangle Park FIRST GIVEN NAME Jennifer	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PRoole OPP 91403
7	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signatur CITY CITY CITY Signatur CITY	NC US CITY Research Triangle Park FIRST GIVEN NAME Jennifer AM STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE PP 914103 Date: O4 September 2003 COUNTRY OF CITIZENSHIP
7 2	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature Foole Peck	NC US CITY Research Triangle Park FIRST GIVEN NAME Jennifer	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE PP 9/4/03 Date: O4 September 2003
7 2 2 2 0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS	NC US CITY Research Triangle Park FIRST GIVEN NAME Jennifer AM STATE OR FOREIGN COUNTRY NC US NC	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL Pole PP 91403 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
7 2	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline	NC US CITY Research Triangle Park FIRST GIVEN NAME Jennifer AM STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE PP 914103 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US
7 2 2 2 0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park FIRST GIVEN NAME Jennifer AAM STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE PP 91403 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
7 2 2 0 8	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94103 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
7 2 2 2 0	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY	Research Triangle Park FIRST GIVEN NAME Jennifer AAM STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94103 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL L
7 2 2 0 8	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94103 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US
7 2 2 0 8	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY Signature	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME Terrence	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94103 Date: O4 Scottember 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL L Date:
7 2 2 0 8	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR RESIDENCE & RESIDENCE &	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY Signature CITY	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME Terrence STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94403 Date: 04 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL L Date: COUNTRY OF CITIZENSHIP
7 2 2 0 8	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR RESIDENCE & CITIZENSHIP	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY Signature CITY Durham	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME Terrence STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94403 Date: 04 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL L Date: COUNTRY OF CITIZENSHIP US
7 2 0 8 2	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR CITIZENSHIP RESIDENCE & CITIZENSHIP POST OFFICE	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY Signature CITY Durham POST OFFICE ADDRESS	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME Terrence STATE OR FOREIGN COUNTRY NC US CITY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROPE P94403 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL L Date: COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
7 2 2 0 8	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR RESIDENCE & CITIZENSHIP	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY Signature	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME Terrence STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94403 Date: 04 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL L Date: COUNTRY OF CITIZENSHIP US
7 2 0 8 2	INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE ADDRESS FULL NAME OF INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR INVENTOR CITIZENSHIP RESIDENCE & CITIZENSHIP POST OFFICE	CITY Durham POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME PECKHAM Signature POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEY Signature CITY Durham POST OFFICE ADDRESS	Research Triangle Park FIRST GIVEN NAME Jennifer STATE OR FOREIGN COUNTRY NC US NC CITY Research Triangle Park FIRST GIVEN NAME Terrence STATE OR FOREIGN COUNTRY NC US CITY	COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL PROJE P94403 Date: O4 September 2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY North Carolina 27709, US SECOND GIVEN NAME/INITIAL L Date: COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY

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	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	THOMSON	Stephen	Andrew
Ī -	INVENTOR'S	Signature	1 stephen	Date:
	SIGNATURE	•		
1	RESIDENCE &	CITY .	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		2,,03,
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	VEAL	James	Marvin
	INVENTOR'S	Signature		Date:
	SIGNATURE			
ì	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Apex	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27502, US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
	INVENTOR'S	Signature	<u> </u>	Date:
	SIGNATURE			
1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

	COMBINED DECLARATION FOR UTILITY OR DESIGN PARENT APPLICATION WITH POWER OF ATTORNEY				
		or milionaliza		First Names Inventor: BROWN et al	
				Complete if known: App No.:	
() Declaration submitted with initial	filing or				
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))			Filing Date		
				Group Art Unit:	
As below named	d inventor. I here	by declare that:	2		
My residence, post office	e address and citiz	enship are as stated belo	ow next to my name.		
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
	PYRAZO	LOPYRIMIDINES AS	KINASE INHIBITORS		
the specification of which	h (check only one	item below):			
[]is attached hereto. OR [X] was filed on July 2	1. 2003 as United	1 States application Seria	al No or PCT Inte	ernational	
[11] was mod on oury 2	1, 2005 us omice	outes application some	or rer mo	Anational .	
Application Number PC applicable)	CT/US03/22716 f	iled and was amended or	n (MM/DD/YYYY)	(if	
I hereby state that I have as amended by any amen			the above-identified specification	, including the claims,	
I acknowledge the duty to	o disclose informa	ation which is material to	patentability as defined in 37 C	FR §1.56.	
I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:					
PRIOR FOREIGN AND ANY F		Country Country	Foreign Filing Date	PRIORITY	
Number (s)	`	Sound y	(MM/DD/YYYY))	CLAIMED	
1.					
2.					
3.					
<u>4.</u> 5.					
I hereby claim the benefit under T	itle 25 United St	ates Code \$110(a) of an-	u United States provisional andi-	eation(s) listed below:	
Application No.	me 33, Omica Si			Janoin(s) listed below:	
Application No. Filing Date (MM/DD/YYYY) 1.60/397,988 07/23/2002					

Express Mail Label EV332065482US



ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	TON		
			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inver prosecute this application and to transact all bus	siness in the Patent and Trademark			provided below to
Customer Number 23347 and Customer Number		1.45	Direct Telephone Ca	alls to:
Address all correspondence and telephone	calls to Customer Number 23.	<u>547</u>	Direct Telephone Ca	
23347				y H. Fix 483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BROWN	Matthew	Lee
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10 th Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	_	Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

-				
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	Maria
1	INVENTOR'S	Signature		Date:
1	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Durham	NC US	US
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<u>ا</u> ا	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
4	ADDRESS		Research Triangle Fark	North Caronna 27709, US
		Five Moore Drive, PO Box 13398 FAMILY NAME	Financial states	CROONE CHICAL THE COLUMN TO TH
Ι ,	FULL NAME	MILLS	FIRST GIVEN NAME Wendy	SECOND GIVEN NAME/INITIAL Yoon
2	OF INVENTOR	Signature	wendy	Date:
	INVENTOR'S	Signature		Date:
0	SIGNATURE RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 "	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	, ABBIASS	Five Moore Drive, PO Box 13398	Tresearen Triangle Turk	1101011 041101114 27700, 00
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MIYAZAKI	Yasushi	SECOND GIVEN NAMEDINITIAL
"	INVENTOR'S	Signature	I ususiii	Date:
1	SIGNATURE	Ť		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JР
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James
	INVENTOR'S	Signature		Date:
1 .	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham POST OFFICE ADDRESS	NC US	US
7	POST OFFICE ADDRESS	GlaxoSmithKline	Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
1 ′	ADDRESS	•	Research Triangle Fark	North Carolina 27709, US
	PHILIP NAME	Five Moore Drive, PO Box 13398 FAMILY NAME	FIRST GIVEN NAME	CECONE CHEN NA VEGE
2	FULL NAME	PECKHAM	Jennifer	SECOND GIVEN NAME/INITIAL P
'	OF INVENTOR INVENTOR'S	Signature	'acumici	Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1 0				
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
8		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
8		Five Moore Drive, PO Box 13398 FAMILY NAME	Research Triangle Park FIRST GIVEN NAME	North Carolina 27709, US SECOND GIVEN NAME/INITIAL
2	ADDRESS	Five Moore Drive, PO Box 13398	9	
	ADDRESS FULL NAME	Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEX Signature	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE	Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEX Signature	FIRST GIVEN NAME Terrence	SECOND GIVEN NAME/INITIAL L
	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE &	Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEX Signature CITY	FIRST GIVEN NAME TELENCE STATE OB FOREIGN COUNTRY	SECOND GIVEN NAME/INITIAL L Date: 9 4 2003 COUNTRY OF CITIZENSHIP
2 (X)	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEX Signature CITY Durham	FIRST GIVEN NAME TELENCE STATE OR FOREIGN COUNTRY NC US NO	SECOND GIVEN NAME/INITIAL L Date: 9/4/2003 COUNTRY OF CITIZENSHIP US
2 (X) 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEX Signature CITY Durham POST OFFICE ADDRESS	FIRST GIVEN NAME TETTERCE STATE OR FOREIGN COUNTRY NC US NO	SECOND GIVEN NAME/INITIAL L Date: 9/4/2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY
2 (X)	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP	Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEX Signature CITY Durham POST OFFICE ADDRESS GlaxoSmithKline	FIRST GIVEN NAME TELENCE STATE OR FOREIGN COUNTRY NC US NO	SECOND GIVEN NAME/INITIAL L Date: 9/4/2003 COUNTRY OF CITIZENSHIP US
2 (X) 0	FULL NAME OF INVENTOR INVENTOR'S SIGNATURE RESIDENCE & CITIZENSHIP POST OFFICE	Five Moore Drive, PO Box 13398 FAMILY NAME SMALLEX Signature CITY Durham POST OFFICE ADDRESS	FIRST GIVEN NAME TETTERCE STATE OR FOREIGN COUNTRY NC US NO	SECOND GIVEN NAME/INITIAL L Date: 9/4/2003 COUNTRY OF CITIZENSHIP US STATE & ZIP CODE/COUNTRY

FULL NAME FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **THOMSON** Stephen 2 OF INVENTOR Andrew Signature INVENTOR'S Date: SIGNATURE STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY 1 **Durham** NC US US CITIZENSHIP POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY GlaxoSmithKline Research Triangle Park 0 **ADDRESS** North Carolina 27709, US Five Moore Drive, PO Box 13398 FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** OF INVENTOR **VEAL James** Marvin 2 INVENTOR'S Signature **SIGNATURE** STATE OR FOREIGN COUNTRY RESIDENCE & CITY COUNTRY OF CITIZENSHIP NC US CITIZENSHIP Apex US POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY 8916 Weaver Crossing Road North Carolina 27502, US **ADDRESS** Apex FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** WILSON OF INVENTOR <u>Jayme</u> Lyn, Roark Date:
9)4/03
COUNTRY OF CITIZENSHIP **INVENTOR'S** Signature SIGNATURE STATE OR FOREIGN COUNTRY NC US RESIDENCE & Durham US CITIZENSHIP POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY

Research Triangle Park

North Carolina 27709, US

GlaxoSmithKline

Five Moore Drive, PO Box 13398

ADDRESS

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.		-	7)		
COMBINED DECLAR	RAT FOR UTILITY C	OR DESIGN PALENT	ATTORNEY'S DOCKET		
	H POWER OF ATTORNE		PU4687USw First Names Inventor:		
	- 1		BROWN et al		
			Complete if known:		
			App No.:		
() Declaration submitted with initial	filing or				
() Declaration submitted after initial	filing (surcharge required 37CFR1.16(e))		Filing Date		
			Group Art Unit:		
As below named	d inventor. I hereby declare that:				
My residence, post office address and citizenship are as stated below next to my name.					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:					
	PYRAZOLOPYRIMIDINES A	S KINASE INHIBITORS			
the specification of which	n (check only one item below):				
[]is attached hereto. OR					
	1, 2003 as United States application Se	rial No or PCT Inter	rnational		
Application Number PC applicable)	T/US03/22716 filed and was amended	on (MM/DD/YYYY)	(if		
	reviewed and understand the contents o dment specifically referred to above.	f the above-identified specification,	including the claims,		
I acknowledge the duty to	disclose information which is material	to patentability as defined in 37 CF	R §1.56.		
I hereby claim foreign priority ben	nefits under 35 U.S.C. §119 (a)-(d) or §3	365(b) of any foreign applications(s	for patent or		
inventor's certificate or 365(a) of a	any PCT international application which	designated at least one country oth	er than the United		
States of America, listed below an	d have also identified below, by checking	ng the box, any foreign application i	for patent or inventor's		
	onal application having a filing date bef PRIORITY CLAIMS UNDER 35 U.S.		priority is claimed:		
Prior Foreign Application	Country	Foreign Filing Date	PRIORITY		
Number (s)		(MM/DD/YYYY))	CLAIMED		
1.					
2.					
3.					
<u>4.</u> 5.					
	itle 35, United States Code §119(e) of a	Their States provisional applie	-4'(-) listed below		
Thereby claim the benefit under 1	the 33, United States Code §119(e) of a	ny United States provisional applic	ation(s) listed below:		

Filing Date (MM/DD/YYYY)

07/23/2002

Express Mail Label EV332065482US

1.60/397,988

2. 3. Application No.



PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION



COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4687USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

			STATUS (Check	one)
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY: As a named inver prosecute this application and to transact all bus Customer Number 23347 and Customer Number	siness in the Patent and Trademark			provided below to
Addres	calls to Customer Number 23	<u>347</u>	Direct Telephone Ca	alls to:
23347				y H. Fix 483-8911

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	EULI MANG	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	FULL NAME			
2	OF INVENTOR	BROWN	Matthew	Lee
1	INVENTOR'S	Signature		Date:
	SIGNATURE	•		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Indianapolis	IN	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	634 East 10 th Street, Apt. 1	Indianapolis	IN 46202 US
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CHEUNG	Mui	
	INVENTOR'S	Signature .		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	CN
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DICKERSON	Scott	Howard
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		



	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GARRIDO	Dulce	Maria
	INVENTOR'S	Signature		Date:
1	SIGNATURE		1	
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		ŕ
-	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MILLS	Wendy	Yoon
	INVENTOR'S	Signature		Date:
1	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
ŀ	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398	_	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	MIYAZAKI	Yasushi	
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Tsukuba-shi	Ibaraki JP	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PEAT	Andrew	James_
2 2	INVENTOR'S	Signature Cardina J	Bat	Date: 9/29/03
1 ,	SIGNATURE	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
0	RESIDENCE & CITIZENSHIP	<u>Durham</u>	NC US NC	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
'	NDDICE55	Five Moore Drive, PO Box 13398	Tresearen Triungie Turk	1101th Caronna 27,703, 00
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	PECKHAM	Jennifer	P
-	INVENTOR'S	Signature		Date:
[SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
	İ	Five Moore Drive, PO Box 13398	1	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	SMALLEY	Terrence	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	СІТУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Durham	NC US	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
1	ı	Five Moore Drive, PO Box 13398	L	1



		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	<u>THOMSON</u>	Stephen	Andrew.
		INVENTOR'S	Signature Olympia D		Date: 9/2/02
12-1	(12)	SIGNATURE	Segendare	<u> </u>	9/3/03
10	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	<u>Durham</u>	NC US NC	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	0	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		
	·	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	VEAL	James	Marvin
		INVENTOR'S	Signature		Date:
		SIGNATURE			
	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	Apex	NC US	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	1	ADDRESS	8916 Weaver Crossing Road	Apex	North Carolina 27502, US
		FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	2	OF INVENTOR	WILSON	Jayme	Lyn, Roark
		INVENTOR'S	Signature	··	Date:
		SIGNATURE			
	1	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		CITIZENSHIP	Durham	NC US	US
		POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
			Five Moore Drive, PO Box 13398		
'					

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